Effective on 12/08/2004. *Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)* # FEE TRANSMITTAL # For FY 2006	**Complete if Known**	
	Application Number	10/535,452
	Filing Date	May 19, 2005
	First Named Inventor	MIKO OGAWA, ET AL.
☐ Applicant claims small entity status. See 37 C.F.R. 1.27	Examiner Name	D. N. Deo
	Art Unit	1765
TOTAL AMOUNT OF PAYMENT ($) 50.00	Attorney Docket No.	03500.017774

METHOD OF PAYMENT (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☑ Other (please identify): Electronically

[X] Deposit Account   Deposit Account Number: 06-1205   Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

[X] Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17

☐ Charge fee(s) indicated below, **except for the filing fee**

[X] Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee($)	Fee($)	Small Entity Fee($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee($)	Small Entity Fee($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims		Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
22 - 21 or HP =	1	x 50.00 = 50.00			Fee($)	Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20

360.00   0.00

Indep. Claims		Extra Claims	Fee($)	Fee Paid ($)
4 - 4 or HP =	0	x 200.00 = 0.00		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ / 50 =	_____ (round **up** to a whole number) x	_____ =	_____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)   _____

Other:_____   _____

SUBMITTED BY			
Signature	/Scott D. Malpede/	Registration No. 32,533 (Attorney/Agent)	Telephone 202-530-1010
Name (Print/Type)	Scott D. Malpede		Date: August 13, 2007

SDM\rnm

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